# MENTAL HEALTH AND SUICIDE PREVENTION

## LUNDBECK'S RECOMMENDATIONS AND COMMITMENTS


If you are thinking of suicide or are in immediate danger, please contact your local emergency services, your doctor and/or your nearest mental health crisis center. You can find a list of crisis centres around the world here: www.iasp.info/resources/Crisis_Centres/

Lundbeck

WORLD MENTAL HEALTH DAY

SUSTAINABLE DEVELOPMENT GOALS

This booklet was initiated and produced by H. Lundbeck A/S in support of the UN Sustainable Development Goals, which aim to improve mental health and reduce suicide rates. It was drafted in consultation with experts in the field. The information in this booklet is for education purposes only. It is not intended as a substitute for informed medical advice or training.

# CONTENT



# KEY MESSAGES

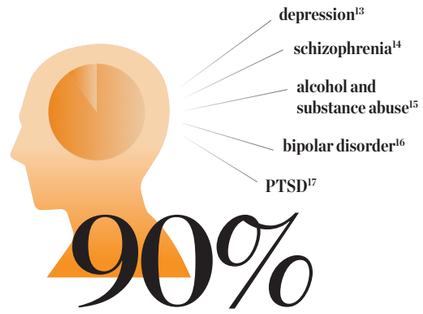
**1.** Due to high suicide rates, suicide prevention is a global imperative, for which national governments will be expected to deliver and report to the UN by 2030

**2.** Although suicide rates are high and suicidal behaviour is complex, it is preventable by addressing risk factors, leveraging protective factors and improving healthcare systems

**3.** Suicide is not only a health issue: it is a societal one. A multi-sectoral societal approach to national prevention plans is needed to help prevent suicides

**4.** As a leader in restoring brain health, Lundbeck is committed to supporting mental health promotion and suicide prevention strategies

**The presence of a mental health condition is a key risk factor: more than 90% of persons who die by suicide are associated with mental disorders[12], for example as:**




The lifetime risk of suicide is estimated to be 4%[13] in patients with mood disorders, 8% in people with alcohol dependence[18], 8% in people with bipolar disorder[19], and 5% in people with schizophrenia[20]

## GLOSSARY: DEFINITIONS

**SUICIDAL BEHAVIOUR** Range of behaviours that include suicide ideation (thinking about suicide, planning for suicide), attempting suicide and suicide itself[1]

**SUICIDAL IDEATION** Thinking about, considering or planning suicide[49]. DSM-5 includes suicidal ideation as a symptom of major depressive episodes[50]

**SUICIDE PLANNED ATTEMPT** Not-fatal, self-directed, potentially injurious behaviour with intent to die (might not result in injury)[51]. DSM-5 includes suicide attempts as a symptom of major depressive episodes[50]

**SUICIDE** The act of deliberately killing oneself[1]

# 1.

## Due to high suicide rates, suicide prevention is a global imperative, for which national governments will be expected to deliver and report to the UN by 2030

Every **40** seconds someone dies by suicide[1]

Annually, this represents over **800,000 people** that die by suicide[2], which is more than people dying by war and homicide put together[3]. In Canada, suicide is as common as opioid deaths[4]

About 45% of people who die by suicide consulted a primary care physician within 1 month of death[2]



Suicide is the second leading cause of death in 15-29-year-olds[5]

In the US, the cost of suicides and suicide attempts in 2013 was

USD **$58.4 Bn**

97.1% of which are due to lost productivity (indirect costs)[9]

In Australia, the associated cost of suicide is estimated at

AUD **$6.73 Bn**[10]

**10%**

In 2013, the WHO Member States committed to work towards the global target of reducing suicide rates by 10% by 2020[1]

In 2015, **the United Nations Member States agreed to monitor suicide rates** to assess the progress on mental health and wellbeing, which is an indicator for Goal #3 of the Sustainable Development Goals[11]

More than

**90%**

of people who die by suicide have an associated mental disorder[6] although, in the US, more than

**54%**

who died by suicide did not have a known mental health condition[7]. It has been estimated that suicidal risk is 4 times higher in people suffering from depression and 20 times higher in people suffering from major depression[8]

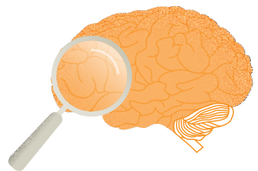


# 2.

## Although suicide rates are high and suicidal behaviour is complex, it is preventable by addressing risk factors, leveraging protective factors and improving healthcare systems

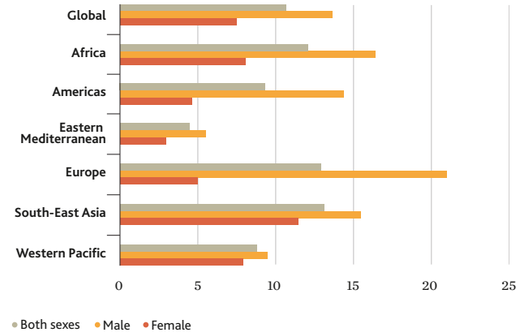
### Suicidal behaviour is complex:

it is rare that a single risk factor leads to suicidal behaviour. Several risk factors act cumulatively to increase an individual's vulnerability to suicidal behaviour[1]



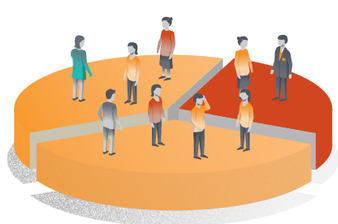
Post-mortem research in the brains of those who have died by suicide concluded that **neurobiological factors** may influence a person's risk of suicide, e.g. suicide victims' frontal cortex of the brain is shown with low serotonin level (typically correlated with depression) and a higher than normal level of cortisol (typically high in stressful situations)[21]

### Suicide rate per 100,000 population by WHO region, 2016




Source: World Health Organization, 2017, Depression and Other Common Mental Disorders - Global Health Estimates.

### Suicide socio-demographics and people at risk



- People experiencing poverty and social instability are more at risk of suicide attempts[29]
- Professions at risk include police force, military after deployment and HCPs (dentists, psychiatrists and ophthalmologists)[30]
- Prisoners[31]
- People experiencing loss (e.g. job, home, partner, family member)[32] and/or social and demographic change (e.g. from school to college, from college to the workforce, moving, etc)[33]
- Women make twice as many suicide attempts as men and suicide ranks as the number one cause of mortality in young girls between the ages 15-19 years globally[34]
- Except for China, in most countries, men die by suicide at 2-4 times the rate of women[34] suggesting that many men have undiagnosed mental health issues[35]
- Second generation immigrants[36] and LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning) people are at risk of suicidal behaviour[37]

## SUICIDE RISK FACTORS INCLUDE

- Stigma leading to unwillingness to seek help[7]
- Difficulties in accessing treatment[7], feelings of hopelessness[22] or isolation[7]
- Loss (relational, social,work, or financial)[7]
- Previous suicide attempt(s)[7]
- The presence of a mental health condition[12]
- Chronic pain and disease[23] (cancer[24], diabetes[25], HIV/AIDS[1], Parkinson's disease[26], Alzheimer's disease[27])
- Child maltreatment[7]
- Family history of suicide[28]

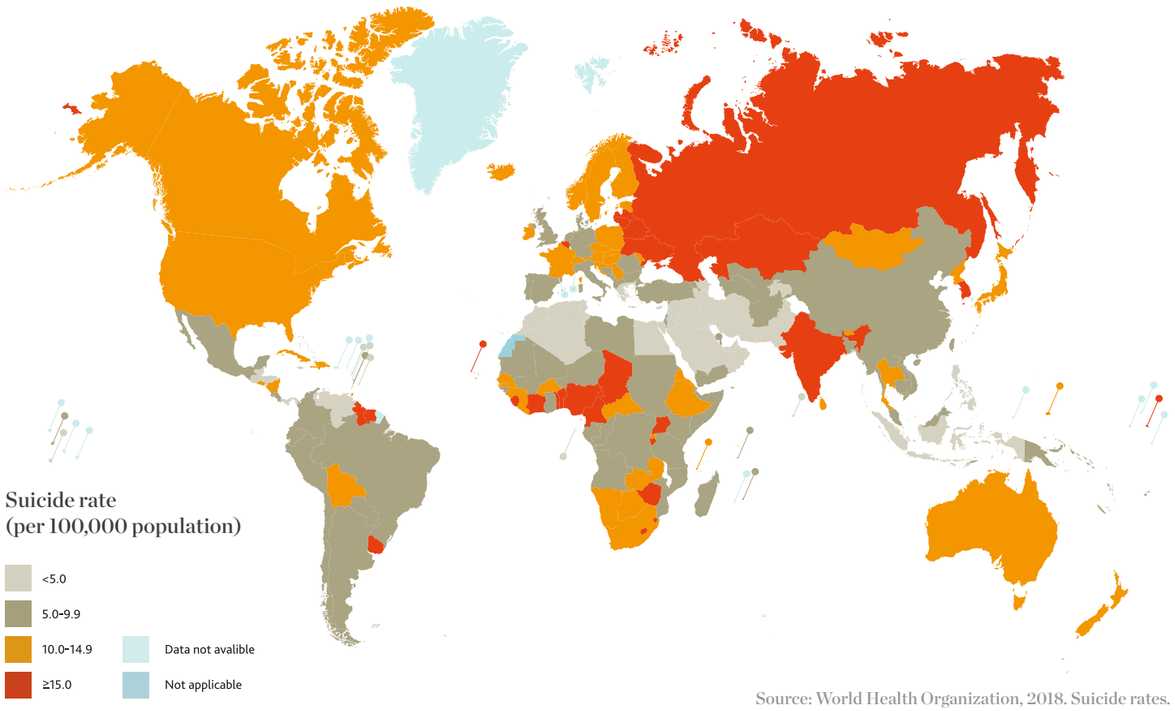
## Suicide is preventable[3]

An early intervention service may be associated with reductions in the suicide rate among patients with schizophrenia-spectrum disorders during their most vulnerable period, and the benefits may persist in the long-term[38]. Yet suicide numbers are still too high[15], and likely to be underreported due to stigma, criminalization and poor surveillance systems[5]

## SUICIDE PROTECTIVE FACTORS INCLUDE[7]

- Effective clinical screening and diagnosis and care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions (including behavioural therapy and/or pharmacological treatment)
- Support from ongoing medical and mental health care relationships to support follow-up after discharge and treatment adherence[1]
- Family and community support (connectedness)
- Cultural and religious beliefs (pending cultural and contextual practices and interpretations)
- Skills in problem solving, conflict resolution and disputes

## AGE-STANDARDIZED SUICIDE RATES (PER 100,000 POPULATION), BOTH SEXES, 2016




Source: World Health Organization, 2018. Suicide rates.



## SUICIDE PREVENTION: DOs[1] AND DON'Ts

| DOs | DON'Ts |
|---|---|
| Educate (yourself and others) about suicide prevention and resources while debunking myths. | Fear suicide contagion and avoid talking about it. |
| When communicating, always mention where to seek help from services available 24/7. | When communicating, don't use information detailing or visualizing the method used or the location. |
| When communicating, be mindful about celebrity suicides (focus on their life);<br><br>Consider including narratives of people who managed to cope with suicidality to inspire others. | When communicating, don't use sensationalist language glamourizing suicide. |
| As a primary health care provider (PHCP), be attentive to warning signs, aware of interview techniques and refer to the appropriate healthcare service/specialist. | As an HCP, don't overlook warning signs as many of those who die by suicide have had contact with PHCPs within the month prior to the suicide. |
| As a healthcare professional (HCP), convey hope when diagnosing and managing a chronic or physical illness. | As a HCP, avoid a tone of voice with a sense of doomed when diagnosing and managing a chronic or physical illness. |
| As a psychiatrist, ensure you are attentive to warning signs, establish a frank discussion with your patients (ask questions about suicide behaviour), follow-up on treatment adherence and refer to local peer-to-peer support groups. | As a psychiatrist, don't fear planting a "suicide seed" in your patient's mind. |
| As a family member, a friend, or a colleague be attentive to warning signs and encourage them to contact medical and professional support. | As a family member, friend or colleague don't ignore warning signs. |
| As a family member or a friend, establish a safe space to have discussions on how they feel and if they are thinking about suicide. Reassure them they are not alone. Remove methods of suicide and have a list of emergency contacts at hand. | As a family member or a friend, don't stigmatize suicidal behavior and underestimate your role. |

## SUICIDE WARNING SIGNS[52]

Most people who take their lives exhibit one or more warning signs.

| TALK ABOUT | BEHAVIOUR | MOOD |
|---|---|---|
| • Ending their lives | • Increased use of alcohol or drugs | • Depression |
| • Feeling hopeless | • Looking for a way to end their lives, such as searching online for methods | • Anxiety |
| • Having no reason to live | • Withdrawing from activities | • Loss of interest |
| • Being a burden to others | • Isolating from family and friends | • Irritability |
| • Feeling trapped | • Sleeping too much or too little | • Humiliation/Shame |
| • Unbearable pain | • Visiting or calling people to say goodbye | • Agitation/Anger |
| | • Giving away prized possessions | • Relief/Sudden improvement |
| | • Aggression | |
| | • Fatigue | |

An important challenge on suicide prevention relates to the quality of the data collected and the risk of under-reporting (e.g. potentially due to prevailing social or religious attitudes). In some places, it is believed that

**suicide is underreported by a percentage between 20% and 100%[39]**

## Another big challenge is the failure of healthcare systems

to cater for people with suicidal thoughts and behaviours: GPs have increasingly limited time with each patient which can present challenges in identifying suicidal warning signs in their patients[40]. When at-risk patients are identified, healthcare professionals need to exercise clinical judgement to determine the proper course of action. In the case of involuntary hospitalisation, the overall lack of hospital beds within acute psychiatry[41] and fact that psychiatric hospitalisation itself presents many challenges to both provider and patient can complicate recovery. For many patients, the loss of independence, internalised and externalised stigma, and increased stress prompted by psychiatric hospitalisation must be balanced along with the need for intensive treatment services[42]

# 3.

## Suicide is not only a health issue: it is a societal one. A multi-sectoral societal approach to national prevention plans is needed to help prevent suicides

### LUNDBECK'S 10 RECOMMENDATIONS

#### POLICY

1. Ensure a national suicide prevention plan is in place and is adequately funded and monitored[1]
2. Invest in national data monitoring systems and in suicidology research, e.g. on protective factors
3. Provide access to early intervention services in mental health, individualized care and treatments (including psychosocial and pharmacological interventions) as recommended by the WHO[1] and the International Association for Suicide Prevention[43]

#### HEALTHCARE

4. Encourage the enrolment of medical students in the specialization of psychiatry, which is declining due to stigma of the profession, on the type of patients and of available treatments[44]
5. Train (primary) healthcare professionals, to recognize, refer and manage mental and substance use disorders[1]; to identify suicidal behaviour; and to convey hope to their patients with chronic disease and chronic pain[45]. Ensure secondary healthcare professionals, including psychiatrists, are aware of evidence-based interventions for suicidal behaviour[46]

#### COMMUNITY

6. Train first responders, welfare workers, educators, religious leaders[1], nursing home staff, families of people at-risk, on suicide risk factors, warning signs, adequate language and referrals to specialized care
7. Include mental health, suicide prevention and conflict resolution in school curricula
8. Put in place national media guidelines on how to report on suicide, which abide by the WHO standards and train journalists and online influencers accordingly[47]
9. Reduce access to methods and secure surveillance to hot spots (e.g. bridges, rail tracks)[48]
10. Support the advocacy community to drive (a) peer-to-peer support groups for attempt survivors and for families to provide a sense of connectedness; (b) suicide prevention campaigns on World Suicide Prevention Day (10 September) and World Mental Health Day (10 October) and Movember (November); (c) 24/7 helpline[1]

### WHAT TO SAY AND WHAT NOT TO SAY[47]

| DON'T SAY... | ... SAY INSTEAD |
|---|---|
| Failed/unsuccessful attempt | Previous attempt OR non-fatal suicidal behaviour |
| Committed suicide (implies illegality, e.g. commit a crime); Completed suicide (implies accomplishment) | Died by suicide OR took his/her life |
| A person who failed a suicide attempt | A suicide attempt survivor |

According to the WHO, despite being a preventable leading cause of death worldwide, **suicide prevention has not received the financial or human investment it needs**[1]



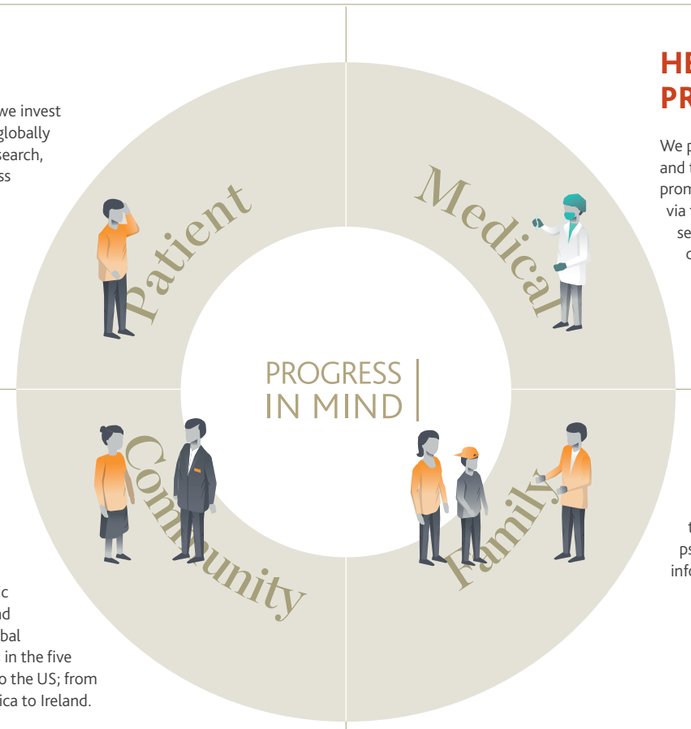
# 4.

## As a leader in restoring brain health, Lundbeck is committed to supporting mental health promotion and suicide prevention strategies

### AT LUNDBECK, WE BELIEVE IN A MULTI-SECTORAL APPROACH TO SUICIDE PREVENTION

#### PATIENTS

So every person can be their best, we invest in patient education programmes globally and locally and we invest in the research, the development and patient access to treatments for depression, schizophrenia and bipolar disease.




#### HEALTHCARE PROFESSIONALS

We provide medical education and training on mental health promotion and suicide prevention via the Lundbeck Institute seminars, publications and online campus as well as through our disease education online platform Progress in Mind Resource Center.

#### COMMUNITY

We believe in establishing strong partnerships with the advocacy community to raise awareness and educate the media, policy-makers, healthcare professionals and the general public about mental health promotion and suicide prevention. Beyond our global partnerships, we have partnerships in the five corners of the world: from China, to the US; from Spain to Indonesia; from South Africa to Ireland.

#### FAMILY

We sponsor education programs, awareness campaigns and tools targeted at families of people with psychiatric disorders. These include information about suicide prevention.

### AS AN EMPLOYER OF 5,000 PEOPLE WORLDWIDE

Lundbeck encourages every employee to become an Ambassador of change and take part of awareness raising campaigns, such as World Mental Health Day. In our affiliates, "mental health first aid" training courses (of which suicide prevention is part of) have been delivered in the UK and the US. In South Korea, our affiliate has been the first company in the country to train all its workforce as suicide prevention gatekeepers. Lundbeck Brazil partnered with the Brazilian Psychiatry Association to educate its employees on suicide prevention during "Yellow September" suicide awareness month. Employees in the US have access to the Employee Assistance Program (EAP) which provides access and referrals to mental health and support services. Our employees based in Denmark (circa 35% of Lundbeck's workforce) can take advantage of the following preventive and early care services: stress prevention courses, stress-coach scheme and psychologic help. Continuously, we will focus on the importance of early care and further strengthen the dialogue on well-being and health resilience.

### Suicide is preventable[3]

Connectedness and a multi-sectoral approach are key to reduce suicide rates[5]. As a member of the mental health community and, considering the links between mental illness and suicidal behaviour, Lundbeck has a responsibility to people with mental disorders by providing medicines that alleviate mental disorders and to support suicide prevention policy strategies.

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If you are thinking of suicide or are in immediate danger, please contact your local emergency services, your doctor and/or your nearest mental health crisis center

You can find a list of crisis centres around the world here:

www.iasp.info/resources/Crisis_Centres/

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